



FLORIDA SAFETY DECISION MAKING METHODOLOGY

Information Collection and Family Functioning Assessment

For Training Purposes Only

Case Name: Jane M.
Worker Name: John H.
FSFN Case ID: 222222222

Initial Intake Received Date: 11/2/2013
Date Completed: 12/2/2013
Intake/Investigation ID: EXAMPLE FFA - Case1

I. MALTREATMENT AND NATURE OF MALTREATMENT

What is the extent of the maltreatment? What surrounding circumstances accompany the alleged maltreatment?

This referral was received from the hotline on 10/10/2013, alleging the following:

"The mother has a history of drug abuse. The mother had a positive "urine drug" for oxycodone, benzo, and THC. The mother admits to several types of drug use. The mother has a history of Baker Act procedures. The mother has other children not in the home, but is unwilling to disclose the children's location."

On 10/09/2013 Jane M. (mother) woke up that morning with pains to her inner thighs. She asked a friend to bring give her some pain medications to take to help with the pain. Jane remembers that she took two peach colored Xanax but was uncertain what the other pill was; she believes it was oxycodone. The pain in her inner thighs did not fade and when John (paramour) returned home from work at about 5-6 PM; He who ended up calling rescue who rushed her to the Tallahassee Medical Center. When Jane arrived at the hospital she was not coherent and admitted to hospital staff that she had taken several pain medications. She was subsequently admitted to the hospital and gave birth to Alicia a short time later.

At the time of birth Jane tested positive for benzodiazepines and oxycodone and Alicia was positive for benzodiazepines. There were no valid prescriptions for any of the medications and Jane admitted to recent history of marijuana use.

Furthermore, it was confirmed that Jane has 3 other children who were removed from her custody by the Department, as alleged, in 2007 also related to substance abuse concerns. She failed to complete her case plan tasks or discontinue her drug use and was not reunified with those children. It would increase the threat of harm to Alicia that Jane not only failed to complete her prior services but, more importantly, that she has failed to remedy her drug use and subsequent behaviors, however, Alicia has not been in Jane's care and thereby the threat of harm related to that concern was non-existent.

Based on collateral contacts and the aforementioned information obtained this case will be closing with no indicators of threatened harm and verified findings of substance misuse for the following reasons:

- 1.Mother delivered Alicia on 10/07/2013 and baby tested positive for Benzodiazepine.
- 2.Mother tested positive for Benzodiazepine, THC and Oxycodone during delivery of Alicia.
- 3.Mother admits to taking an Oxycodone and Xanax. Mother denies that she has a prescription for either medication.



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4. Mother admits to having a positive result for THC due to being around people using Marijuana.

Jane admits she has been struggling with substance abuse, namely prescription drugs, for approximately 10 years. This battle started when she fell in with the "wrong crowd" and has been in a downward spiral ever since. At the time she initially began using, her relationship with her ex-husband began to falter and she eventually lost custody of her three older children, through Dependency proceedings. She confirmed she failed to complete her case plan tasks, convinced that she would not regain custody regardless. Her drug use continued from that point forward and she has been unable to find stability in many facets of her life as a result. She used drugs occasionally throughout her pregnancy with Alicia and had already planned to have her mother raise Alicia following her birth due to this. Jane and others in her home, including Alicia's alleged father, John Harper, were passing around a marijuana joint the day before she went into labor with Alicia. She recognizes that her decision to use while pregnant was not a wise decision but feels it is out of her control at this time.

Jane has also struggled with her mental health, which has been a contributing factor to her inability to stabilize as well. She has a family history of bipolar disorder but only identifies with being diagnosed with severe depression, for which she is unmedicated and untreated for. This has resulted in several baker acts and seems to also fuel her ongoing war with drugs.

Analysis: Jane has struggled with her addiction to drugs for many years and this has had far-reaching impacts in many facets of her life. She recognizes that this had led to her making a multitude of poor decisions, including the decision to use during her pregnancy with Alicia. Although she grasps the potential harmful affects her drug use did/could have had on Alicia, it appears that the pull to use and satiate that need was greater than her desire to overcome at that moment for the sake of Alicia's wellbeing. Jane has also never fully addressed the grief and reasons associated with her loss of her older children, also due to drug use, and as such has continued to seek comfort in the very demons that lead to their removal

Related Impending Danger Threats	Impending Danger Threat?	
	Yes	No
Based on case information specific to the Extent of Maltreatment and Circumstances Surrounding Maltreatment Assessment domains, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.		
Parent's/Legal Guardian's or Caregiver's intentional and willful act caused serious physical injury to the child, or the parent/legal guardian or caregiver intended to seriously injure the child.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the Parent's/Legal Guardian's or Caregiver's explanations are inconsistent with the illness or injury.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The child's physical living conditions are hazardous and a child has already been seriously injured or will likely be seriously injured. The living conditions seriously endanger the child's physical health.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
There are reports of serious harm and the child's whereabouts cannot be determined and/or there is a reason to believe that the family is about to flee to avoid agency intervention and/or the family refuses access to the child to assess for serious harm.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parent/Legal Guardian or Caregiver is not meeting the child's essential medical needs AND the child is has already been seriously harmed or will likely be serious harmed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>



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Other. Explain:	<input type="checkbox"/> <input checked="" type="checkbox"/>
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II. CHILD FUNCTIONING

How does the child function on a daily basis? Include physical health, development; emotion and temperament; intellectual functioning; behavior; ability to communicate; self-control; educational performance; peer relations; behaviors that seem to provoke parent/caregiver reaction/behavior; activities with family and others. Include a description of each child's vulnerability based on threats identified.

Alicia was born a full term baby at a healthy weight and length despite very limited prenatal care by her mother. As a result of her drug exposure in utero, Alicia tested positive at birth for Benzodiazepines and exhibited some symptoms of withdrawal. She was noted by hospital staff to be experiencing minimal tremors and some respiratory distress shortly after her birth. As is typical for newborns, Alicia's hearing was tested at Tallahassee Medical Center following her birth and those results are pending. She was also tested for Hepatitis C based on her mother's Hepatitis C diagnosis; those results are also pending.

Upon release from the hospital Alicia was discharged into a shelter home. Her caregivers report that she is eating well, approximately 3-4 ounces of formula every 3-4 hours but that she is very gassy after meals and they plan to speak with her Pediatrician regarding this. Otherwise, Alicia is progressing without concern and is responding well to her current custodians. She is sleeping well at night and does not appear to have any ongoing medical concerns related to her positive screen at birth. .

Analysis: Alicia was born full-term after a presumably unremarkable pregnancy. Her mother received minimal prenatal care and was abusing substances during her pregnancy, resulting in Alicia testing positive for Benzodiazepines at birth. Despite her initially experiencing withdrawal symptoms, Alicia appears to be progressing satisfactory and has not had any lasting medical complications. She is adjusting well to her new home and will continue to be followed for routine medical care.

Related Child Functioning Impending Danger Threats:

Based on case information specific to the Child Functioning Assessment domain, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.

Impending Danger Threat?	
Yes	No

Child shows serious emotional symptoms requiring intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that the Parent/Legal Guardian or Caregiver are unwilling or unable to manage to keep the child safe

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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III. ADULT FUNCTIONING

How does the adult function on a daily basis? Overall life management. Include assessment and analysis of prior child abuse/neglect history, criminal behavior, impulse control, substance use/abuse, violence and domestic violence, mental health; include an assessment of the adult's physical health, emotion and temperament, cognitive ability; intellectual functioning; behavior; ability to communicate; self-control; education; peer and family relations, employment, etc.

Jane M. is a 28 year old female currently residing in Leon County. She describes her early childhood being "okay" but notes that when she was 14 years old her parents divorced. She had to leave school s....4, only completing through the 11th grade, in order to assist with the financial responsibilities in her mother's home. While Jane does not report her mother having a substance abuse problem during her youth, they both confirm that they use drugs, namely marijuana, together at this stage in their relationship.

Jane was married one time previously and that relationship resulted in the birth of her three older children.



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Janes's ex-husband credits the demise of their relationship to the birth of her drug habit and her subsequent run-ins with law enforcement. Since the ending of her marriage, Jane has had several off-on relationships. One of these relationships resulted in the pregnancy with Alicia although she is uncertain of who the father is. One of the alleged fathers to Alicia reports that his relationship with Jane ended for a short time due to her use of crack cocaine.

Prior to her drug use Jane was able to maintain stability both in her marriage as well as her employment. Her ex-husband reports that although she did not have steady employment during their relationship she did assist him from time to time with a joint business venture they had. She also previously held a job at a postal office, with her most recent job being at a Dunkin Donuts while in a work camp during an incarceration. As her drug use progressed, her employment stability has faltered.

Jane has a history of mental instability in her family to include a family history of bipolar disorder. She has been diagnosed only as "severely depressed" but is not regularly medicated or seen in a therapeutic setting for this diagnosis. She has had several baker acts as a result of her mental/emotional instability but the frequency and duration of these events/episodes are unknown.

Kathy, Janes's aunt, reports that Jane has had a hard time with abusing pills for a long time. She has noticed a difference in Jane and feels that, despite her decision to use drugs, she is a very intelligent woman. Kathy has been one of the main caregivers for Jane and wants to see her get services for her abusing pills/drugs and is supportive of that goal.

Janes's other cousin, Sue, reports that Jane has a history of drug use and seemed as if she just "lost interest in life" when she began using drugs. She describes Jane as "loving" and noted that she loves to help others and is very nurturing. Sue feels that "drugs got a strong hold of her and she went totally opposite."

Analysis: Jane has battled with substance abuse and mental instability for a significant amount of time. Prior to her down turn into drugs Jane was able to build and maintain an apparently normal and successful life, complete with a marriage, children and home. Since her use became her priority both Jane and those around her have noticed the change in her personality. She has been unable to maintain a house, relationship or employment and has been in and out of jail due to her drug use and poor decisions. Jane identifies her struggle with drugs has had a substantial impact on the course of her life but appears to be convinced, in her despair, that she is unable to change it at this point in her life.

Related Adult Functioning Impending Danger Threats:

Based on case information specific to the Adult Functioning Assessment domain, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.

Impending
Danger Threat?

Yes

No

Parent/Legal Guardian or Caregiver is violent, impulsive, cannot or will not control behavior or is acting dangerously in ways that have seriously harmed the child or will likely seriously harm to the child.





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IV. PARENTING

General – What are the overall, typical, parenting practices used by the parents/legal guardians? Discipline/Behavior Management – What are the disciplinary approaches used by the parents/legal guardians, and under what circumstances?

Jane does have the means to be a protective parent and is described in positive terms prior to her starting to abuse pain medications. Several relatives and her ex-husband all report that Jane was a loving and attentive mother prior to her drug use and subsequent mental health issues. After her use began, Jane was unable to make appropriate decisions regarding the safety and wellbeing of her older children and often put them in dangerous situations. This led to the eventual removal of those children from her custody. Jane has neither regained custody nor maintained a relationship with those children and they no longer identify with her as their mother, but rather only referring to her as "Jane" in discussion.

Prior to Alicia's birth Jane had some discussion with her mother regarding her caring for Alicia, as Jane felt she was unable to due to her drug use. Despite her decision to have minimal prenatal care and use drugs during her pregnancy with Alicia, it appears that Jane has attempted to nurture a relationship and bond with Alicia as much as she is able to. Following Alicia's birth, the nurse at the hospital reported that Jane was appropriate with the baby while in the hospital and interacted with her lovingly. Janes's cousin, Martha, reports that she has been very involved with Alicia, despite her being removed from her custody. Jane has gone with her to her doctor checkups and arrives to her home early in the morning and goes home in the evening so that she can spend ample bonding and interaction time with Alicia. Martha reports that Jane has been appropriate with Alicia and expresses a strong desire to regain custody and care for her independently.

Analysis: It is evident that Jane's drug use has had a substantial impact on both her desire and ability to parent both Alicia and her older children who were previously removed. By all accounts Jane was a loving, appropriate and involved mother prior to her using drugs and she does maintain an understanding of her protective role and what the needs of her children are, despite her current inability to provide for those needs. Jane expresses a desire to want to change her behaviors and have a chance to be able to regain custody of her child.

Related Parenting Impending Danger Threats:

Based on case information specific to the Parenting General and Parent Discipline Assessment domains, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.

Impending
Danger Threat?

Yes No

Parent/Legal Guardian or Caregiver is not meeting child's basic and essential needs for food, clothing, and/or supervision AND the child is/has already been seriously harmed or will likely be seriously harmed.

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Parent/Legal Guardian or Caregiver is threatening to seriously harm the child and/or parent/legal guardian or caregiver is fearful he/she will seriously harm the child.

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Parent/Legal Guardian or Caregiver views child and/or acts toward the child in extremely negative ways AND such behavior has or will result in serious harm to the child.

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V. PARENT/LEGAL GUARDIAN PROTECTIVE CAPACITIES ANALYSIS

If there are more than five Parent/Legal Guardians to assess, complete Appendix A – Parent/Legal Guardian Protective Capacities Analysis

Adults	Capacity Categories and Types
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	Behavioral					Cognitive						Emotional						
	Controls Impulses	Takes Action	Sets aside own needs for child	Demonstrates adequate skills	Adaptive as a Parent/Legal Guardian	Is self aware	Is intellectually able	Recognizes threats	Recognizes child's needs	Understands protective role	Plans and articulates plans for protection	Meets own emotional needs	Is resilient	Is tolerant	Is stable	Expresses love, empathy, sensitivity to the child	Is positively attached with child	Is aligned and supports the child
Jane M.	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Parent/Legal Guardian Protective Capacity Determination Summary:

Yes No

Protective capacities are sufficient to manage identified threats of danger in relation to child's vulnerability?

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VI. CHILD SAFETY DETERMINATION AND SUMMARY

If there are more than five children to assess, complete Appendix B – Child Safety Determination and Summary

Child	Safety Determination
Alicia McElroy	<input type="checkbox"/> Safe – No impending danger safety threats that meet the safety threshold. <input type="checkbox"/> Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home. <input checked="" type="checkbox"/> Unsafe
	<input type="checkbox"/> Safe – No impending danger safety threats that meet the safety threshold. <input type="checkbox"/> Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home. <input type="checkbox"/> Unsafe
	<input type="checkbox"/> Safe – No impending danger safety threats that meet the safety threshold. <input type="checkbox"/> Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home. <input type="checkbox"/> Unsafe
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	<input type="checkbox"/> Safe – No impending danger safety threats that meet the safety threshold. <input type="checkbox"/> Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home. <input type="checkbox"/> Unsafe



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Child Safety Analysis Summary:

To determine the safety of a child, the evidence of an applicable danger threat, protective capacities of a caregiver and the vulnerability of the children involved must all be considered. The impending danger threat of "Parent/legal guardian or caregiver is violent, impulsive, cannot or will not control behavior or is acting dangerously in ways that have seriously harmed the child or will likely seriously harm the child," was identified based on Carrie's pervasive struggle with substance abuse and the impact that struggle has had on her general stability.

As a result of her drug use, Jane has been unable to maintain stability as it relates to a number of things; housing, employment, finances & relationships with both romantic partners and her children. Jane's drug use has also left her unable to control her addiction and impulses to use to the point that she is unable to exhibit good judgment and considers the effects of her actions on Alicia, as evidenced by her illegal drug use throughout her pregnancy and Alicia's subsequent positive drug screen/withdrawal effects at birth.

This inability to control her impulses places Jane in a position where she is unable to meet Alicia's need for protection at this time in her life. Alicia is a newborn child, which makes her vulnerable and in a position to depend on Jane to provide for all of her needs, including supervision, nourishment and protection from harm and dangerous situations.

As a result of the aforementioned information, the determination has been made that Alicia is unsafe at this time and intervention must be taken by the Department in order to ensure her continued safety and wellbeing.

VII. IN-HOME SAFETY ANALYSIS AND PLANNING

	Yes	No
The Parent/Legal Guardians are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Safety services are available at a sufficient level and to the degree necessary in order to manage the way in which impending danger is manifested in the home.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
An in-home safety plan and the use of in-home safety services can sufficiently manage impending danger without the results of scheduled professional evaluations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Parent/Legal Guardians have a physical location in which to implement an in-home safety plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If "Yes" to all of SECTION VII. above – Child(ren) will remain in the home with an In-Home Safety Plan

☐ In-Home Safety Plan

The child(ren) is/are determined "unsafe," but through in-home safety analysis above, an in-home Impending Danger Safety Plan is executed which allows a child to remain in the home with the use of in-home safety management and services in order to manage the



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way in which impending danger is manifested in the home while treatment and safety management services can be determined and initiated.

- ❖ A safety plan must be implemented, monitored, and actively managed by the Agency.
- ❖ The case will be opened for safety management and case management services

If “No” to any of SECTION VII. above – Out of Home Safety Plan is the only protective intervention possible for one or more children. Out of Home Safety options should be evaluated from least intrusive (e.g. family-designated arrangements as a task or condition of the Out of Home Safety Plan) to most intrusive (e.g. agency removal and placement).

Given family dynamics and circumstances, also evaluate and determine if In-Home Safety Plan needs judicial oversight to facilitate court accountability. Refer to administrative code and operating manual for guidance.

☒ **Out-of-Home Safety Plan**

- ❖ An impending danger safety plan must be implemented, monitored, and actively managed by the Agency.
- ❖ The case will be open for safety management, case management, and reunification services

If an Out-of-home Safety Plan is necessary, summarize reason for out of home safety actions and conditions for return. Conditions for return should be related to reasons for removal and behaviorally based. These are parent/legal guardian actions and behaviors that must be demonstrated to sufficiently address the impending danger and allow for the child to safely return home with an In Home Safety Plan and continued safety and case plan services and management.

It was determined that to ensure the continued safety of Alicia, an out-of-home safety plan was necessary based primarily on the conditions within the home not being calm and consistent enough for safety service providers to be able to implement an in-home safety plan both successfully and safely. Furthermore, there are no current safety services available that would be able to ensure Alicia's safety within the home at this time.

As such, the conditions for return are identified as:

- 1) Jane to allow safety plan to be developed/implemented and demonstrate that she will cooperate with all identified service providers
2. Jane to secure a calm, consistent home environment where safety service providers could be and allow for a successful implementation of an in-home Safety plan.